

"AUTHORIZED AGENT" APPLICATION - DRIVING SCHOOL

Initial _____

DL Check _____

Renewal _____

Name (Print) _____ Phone No. _____

Address _____

City, State, Zip Code _____

Age _____ Date of Birth _____ Height _____

Weight _____ Color of Hair _____ Color of Eyes _____

Driver's License No. _____ Expires _____

State of Licensure _____

Driving School by whom you are to be employed _____

Answer the following questions:

1. Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? _____ If "yes" explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? _____ If "yes" explain.

3. Have you ever been refused a drivers license in this or any other state? _____ If "yes" explain.

SIGNATURE OF APPLICANT_____
DATE

The following is to be completed by Driving School Owner.

I hereby certify that the applicant here named is applying with my authorization, for approval to act as an "Authorized Agent" for the _____

_____ Driving School.

It is understood that the "Authorized Agent" shall be permitted to transport the school's students to a Driver Testing Center to take the driving test portion of the driver's examination or to purchase a permit.

SIGNATURE OF SCHOOL OWNER, PARTNER OR OFFICER

DATE:

INSTRUCTIONS TO APPLICANT

This application must be accompanied by:

1. A certified abstract of your driving record from the Driver's Licensing State if other than New Jersey (initial and renewal), and a copy of your Drivers License.
2. Fingerprint scanning receipt.
3. FEE. \$5.00 (one year period). Check or money order made payable to N.J. Motor Vehicle Services.

This application is to be submitted to TheMotor Vehicle Commission, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168.



STATE OF NEW JERSEY
Motor Vehicle Commission
Business License Services

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSE SERVICE BUREAU

TO ALL DRIVING SCHOOL OWNERS, AUTHORIZED AGENTS AND INSTRUCTORS

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of licensure.

As part of the Business License application process, it is required that all applicants, authorized agents or driving school instructors, proprietors, partners and corporate officers, schedule an appointment with the States private fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators)** or **TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle Commission identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ920530Z
AGENCY CASE NUMBER	(Your Driver License Number)
CATEGORY	MVK
DOCUMENT TYPE	RB 1
STATUTE	39:12-3,4,6,7,8 COMMERCIAL DRIVING SCHOOL LICENSE

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 through 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$78.00** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSE SERVICE BUREAU
DRIVING SCHOOL LICENSING SECTION
609-777-1683**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED

Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check, credit card and money order payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPSI V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name		(2) Middle Initial		(3) Last Name	
(4) Daytime Telephone Number		(5) Social Security Number		(6) Date of Birth	(7) Height
					(8) Weight
(9) Maiden Name (if married female)			(10) Place of Birth (State for US Citizens - Country for all others)		(11) Country of Citizenship
(12) Home Address					
Address		City		State	Zip
(13) Gender (select one) Male Female Both		(14) Hair Color (indicate most predominant color, one only)		(15) Eye Color	(16) Race (select one) A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown
(17) Occupation			(18) Employer Name and Address		
NOTE: Items 19-25 to be completed by employer or agency.					
(19) Statute Number			(20) Reason for Fingerprinting		
(21) Originating Agency Number (ORI#)			(22) Contributor's Case Number (Agency Unique Identifier) DL#		
(23) Category			(24) Document Type		
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.			(25) Payment Information <div> <div> <div>Visa</div> <div>Master Card</div> <div>Money Order</div> <div>Certified Check</div> </div> <div>\$78.00</div> </div>		